

04/10/2013 - Ombud/HCS  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2013  
 FORM APPROVED  
 OMB NO. 0938-0391

1406

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2013
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NAME OF PROVIDER OR SUPPLIER  VICTORY HEALTH & REHAB OF BATTLE GROUND LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 510 NORTH PARKWAY BATTLE GROUND, WA 98604
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F 000 INITIAL COMMENTS

This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Victory Health and Rehabilitation of Battle Ground on 04/03/13, 04/04/13, 04/05/13, and 04/06/13. The survey included data collection on 03/04/13 from 7:00 p.m. to 9:15 p.m. A sample of 29 residents was selected from a census of 71. The sample included 26 current residents and the records of 3 former and/or discharged residents.

The survey was conducted by:

- ██████████ MSW
- ██████████ RN, BSN
- ██████████ RN, BSN
- ██████████ MS

The survey team is from:

Department of Social & Health Services  
 Aging & Long Term Support Administration  
 Residential Care Services, District 3, Unit D  
 6639 Capital Boulevard SW  
 P.O. Box 45819  
 Tumwater, Washington 98504-5819

Telephone: 360.664.8429  
 Fax: 360.664.8451

  
 Residential Care Services  
 Date 4/10/13

F 000 Preparation and submission of this plan of correction by, Victory Health & Rehab of Battle Ground, does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.

F 154

1. On 4/8/13, Resident #79 and guardian were informed and re-educated on the risks verses benefits of taking the prescribed medications. The guardian gave a verbal consent via telephone on 4/09/13, and a signed consent form was placed in resident medical record on 4/14/13 by the Licensed Nurse.

On 4/6/13, Resident # 74 and guardian were informed and re-educated on the risks verses benefits of taking the prescribed medications. A signed consent form was placed in the resident medical record by the Resident Care Manager (RCM).

**RECEIVED**  
 APR 24 2013  
 DSHS/ADSA/RCS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4-24-13
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>VICTORY HEALTH &amp; REHAB OF BATTLE GROUND LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>510 NORTH PARKWAY BATTLE GROUND, WA 98604</b>		
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F 154 SS=D	<p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, &amp; TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to inform the residents and/or their legal representatives of the risks and benefits of psychotropic medications for 3 of 10 current sampled residents (#79, 74 &amp; 107) reviewed for unnecessary medications. This failure prevented residents and their representative from making a fully informed decision prior to the administration of the psychotropic medication.</p> <p>Findings include:</p> <p>1) Resident #79 was admitted to the facility on [REDACTED]/12 with diagnoses including [REDACTED] and [REDACTED]</p> <p>The resident's Minimum Data Set (MDS), an assessment tool, dated 02/11/13, indicated the resident was severely cognitively impaired, and [REDACTED] and received [REDACTED] medications.</p> <p>Record review showed Resident #79 was care planned to receive [REDACTED] medications</p>	F 154	<p>On 4/6/13, Resident #107 was informed and re-educated on the risks verses benefits of taking the prescribed medications. A signed consent form was placed in the resident record by the RCM.</p> <p>2. On 4/6/13, the Social Service Director (SSD) conducted an audit of residents on medications that would require education of risk verses benefits to ensure that they have signed consent forms in resident record. Noted concerns were addressed at that time.</p> <p>3. On 4/08/13, the SSD, RCMs, Medical Records Director were re-educated by the Director of Nursing (DON) on the requirement that residents and responsible party have the right to be informed of risk verses benefits of prescribed medications and the need to have a signed informed consent in resident record</p>		

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F 154	<p>Continued From page 2 related to [REDACTED] [REDACTED] episodes, [REDACTED] problems, [REDACTED] resistance to care and [REDACTED].</p> <p>The March Physician Orders documented an order on 10/03/12 for [REDACTED] (25 milligrams by mouth at bedtime) for [REDACTED] with [REDACTED].</p> <p>No documentation was found in the medical chart the resident and/or resident's legal representative had been informed of the risks and benefits of taking [REDACTED].</p> <p>On 04/06/13 at 11:37 a.m., Licensed Nurse (LN) A stated there was not an informed consent for the [REDACTED] in Resident #79's chart. LN A stated informed consents should be completed for all psychotropic medications, including [REDACTED]. The consents should be filled out at the time the medication is ordered.</p> <p>2) Resident #74 was admitted to the facility on [REDACTED] 13 with diagnoses to include [REDACTED] and [REDACTED] status.</p> <p>The resident's Minimum Data Set (MDS), an assessment tool, dated 1/25/13, indicated the resident was cognitively intact.</p> <p>The resident's medical provider ordered [REDACTED], [REDACTED], [REDACTED] and [REDACTED] for [REDACTED] and [REDACTED]. No documentation was found in the medical chart the resident and/or resident's legal representative had been informed of the risks and benefits of taking these medications.</p>	F 154	<p>4. Beginning the week of 4/23/13 the Medical Records Director will complete audits weekly for 4 weeks then monthly for 2 months of newly ordered medications requiring informed consents of risk verses benefits. A report will be submitted to the Quality Assurance committee monthly for 3 months. The Quality Assurance Committee will review and determine if further interventions are needed at that time. The Director of Nursing is responsible for monitoring and follow-up.</p> <p>Compliance date; 4/23/ 13</p>	

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F 154	<p>Continued From page 3</p> <p>On 4/6/13 at 12:00 p.m., the Director of Nursing Services (DNS) stated the facility's policy was to obtain a signed consent for all psychotropic medications, including [REDACTED], [REDACTED], and [REDACTED], at the time the medications were ordered. LN B and the DNS stated they were unable to locate consents for Resident # 74's psychotropic medications.</p> <p>3) Resident #107 was admitted to the facility on [REDACTED] 13 with diagnoses to include [REDACTED] and [REDACTED].</p> <p>The resident was care planned to receive psychotropic medications related to [REDACTED], [REDACTED] refusal of care and [REDACTED].</p> <p>The resident's medical provider ordered [REDACTED] and [REDACTED] for [REDACTED] and [REDACTED]. No documentation was found in the medical chart the resident and/or resident's legal representative had been informed of the risks and benefits of taking these medications.</p> <p>On 4/6/13 at 12:00 p.m., the DNS reported she was unable to locate consents for Resident # 107's psychotropic medications.</p>	F 154	<p>F 441</p> <ol style="list-style-type: none"> <li>1. On 4/8/13, the narrative analysis for October 2012, November 2012, and March 2013 were revised to include root-cause of the data, by the Staff Development Coordinator (SDC).</li> <li>2. On 4/8/13 the Director of Nursing (DON) completed an audit of the infection control program for controlling, and preventing; spread of infection and no other concerns were noted.</li> <li>3. On 4/16/13 The SCD was re-educated on how to document infection control data analysis and root cause investigation into a written narrative format by the DON.</li> </ol>	
F 441 SS=F	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program</p>	F 441		

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F 441

Continued From page 4  
The facility must establish an Infection Control Program under which it -  
(1) Investigates, controls, and prevents infections in the facility;  
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and  
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection  
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.  
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.  
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens  
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:  
Based on interview and record review, the facility failed to ensure an Infection Control Program was completed for 3 of 6 months (12/12, 01/13 & 02/13) reviewed. Failure to maintain an Infection Control Program placed residents at risk for acquiring and spreading disease and infection.

F 441

4. Beginning the week of 4/23/13 the DON will complete weekly audits of infections in the facility for 4 weeks then monthly for 2 months to ensure infection control data analysis and root-cause investigations are written in a narrative format to include preventing spread of infection. A report will be submitted to the Quality Assurance committee monthly for 3 months. The Quality Assurance Committee will review and determine if further interventions are needed at that time. The Director of Nursing will be responsible for monitoring and follow-up.  
Compliance date; 4/23/13

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F 441	Continued From page 5  Findings include:  Record review of the Infection Control Program showed incomplete information for three (3) of the six (6) months reviewed. The months of December 2012, January 2013 and February 2013 did not have documentation the facility had analyzed the patterns of infections and corrective actions to prevent the spread of infection.  On 04/06/13 at 2:48 p.m., the Director of Nursing Services (DNS) stated she had collected data for the six (6) month reviewed (October 2012 through March 2013). The facility had only completed analysis of the infection control data for October 2012, November 2012 and March 2013. The DNS stated the Staff Development Nurse and the DNS would be attending training on maintaining an Infection Control Program in the next few weeks.	F 441			